

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046076

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 4058

Registrar's No. 1195

FILED DEC 26 1962

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILL b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARVIEL		c. CITY OR TOWN MARION Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 905 W. CONCORD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY THEODORE KERR		4. DATE OF DEATH Month Day Year 12-15-62	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-8-1905
9. AGE (last birthday) 57		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CIVIL ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY ILL. HIGHWAY DEPT.	
11. BIRTHPLACE (City and state or country) GOLCONDA ILL		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME TONY R. KERR		13b. MOTHER'S MAIDEN NAME MALISSA	
14. NAME OF HUSBAND OR WIFE MARY LOU		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. H. J. Kerr - Marion Ill	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Hemorrhage DUE TO (b) Liver Metastases DUE TO (c) Adenocarcinoma of Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 hr	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION POPLAR BLUFF, MO COUNTY STATE		
21. I attended the deceased from 12/13/62 to 12/14/62 and last saw him alive on 12/14/62 Death occurred at 3:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. E. Butler MD (Degree or title)		22b. ADDRESS POPLAR BLUFF, MO	
22c. DATE SIGNED 12/17		22d. LOCATION (City, town, or county) (State) POPLAR BLUFF MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-18-62	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL GARDENS	23d. LOCATION (City, town, or county) (State) POPLAR BLUFF MO
24. FUNERAL DIRECTOR Welch Funeral Home - Pittston Mo		25. DATE RECD. BY LOCAL REG. 12/19/62	
26. REGISTRAR'S SIGNATURE Thelma Graham			

1963 / JAN

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond J. Grews

Licensed Embalmer No. 3467

P. O. Address Sikeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.